	· ·			***************************************				<u> </u>	· · · · · · · · · · · · · · · · · · ·	T			· ———	
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004										Ap ///	Application or Docket Number			
CLAIMS AS FILED - PART I														
L	· · · · · · · · · · · · · · · · · · ·			(Colum	mn 1)		(Column 2)		SMALL EN TYPE	THY	OF		R THAN . ENTITY	
U.S	S. NATIONAL	L STAGE FEES						7	RATE	FEE	7	RATE	FEE	
BAS	SIC FEE		SN	AALL EN	T. = \$ 150	LAF	RGE ENT. = \$ 300	1	BASIC FEE	 	H OR	R BASIC FEE	12/1/1	
EΧ/	AMINATION F	EE	(4)	4) = `\$ 50		1 :	other situations = \$ 100 / \$ 200	1	EXAM. FEE	 	-	EXAM. FEE	1/1/1	
	ARCH FEE		U.S. Is	is ISA = 5	\$ 50 / \$ 100 ountries =	All o	other situations = \$ 250 / \$ 500	1	SEARCH FEE		-	SEARCH FEE	141V	
FEE	E FOR EXTRA	SPEC. PGS.		mir	nus 100 =		/ 50 =	1	X \$ 125 =	 	1	X \$ 250 =	- IW-	
TOT	TAL CHARGEA	BLE CLAIMS	K	, m	inus 20 =	*		1	X \$ 25 =	 	OR		 	
IND	EPENDENT CL	LAIMS		n	minus 3 =	*		1	X \$ 100 =	 	OR		 	
MUL	LTIPLE DEPEN	NDENT CLAIM PRI	ESENT		 1			1	+ \$ 180 =	 	OR		+	
* If	the difference	ce in column 1 is	less th	ıan zen	o, enter "(0" in c∕	olumn 2	1 ,	TOTAL	 	OR		 	
	•	CLAIMS AS							•] ~			
	-	(Column 1)	-	-	(Colum	mn 2)	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL I		
NT A		CLAIMS REMAINING AFTER AMENDMENT			HIGHE NUMB PREVIO PAID F	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	*	Minus	, *·	**		=	1	X \$ 25 =	•	OR	X \$ 50 =	FEL	
AMEN	Independent	*	Minus		***		=		X \$ 100 =		OR	X \$ 200 =	 	
_	FIRST PRES	SENTATION OF M	//////////////////////////////////////	E DEPI	ENDENT C	CLAIM		i	+ \$ 180 =		OR		ļ	
			·	• •				· L	TOTAL ADDIT.		OR	+ \$ 360 = TOTAL ADDIT.	 	
•									FEE] (,,	FEE	<u></u>	
┪	r——	(Column 1)			(Colum		(Column 3)	r			- ,			
	<u> </u>	REMAINING AFTER AMENDMENT			PAID FO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	<u>(* </u>	Minus		**		=		X \$ 25 =		OR	X \$ 50 =	-	
AIVIE	Independent	*	Minus		***		=	.	X \$ 100 =		OR	X \$ 200 =		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							r	+ \$ 180 =		OR	+ \$ 360 =		
					***************************************			I	TOTAL ADDIT. FEE		L	TOTAL ADDIT.		
									ree to		-	FEE L		
. 11	the enter in colu	· 4 fe less than the		_			•							
II	if the "Highest Nun	mn 1 is less than the ember Previously Paid	for" IN T	THIS SDA	ACE to loop #	than IOO!	V					·		
II	une Diguest Mun	mber Previously Paid Inber Previously Paid F	J For' IN T	THIS SPA	ACE is loce th	than 121 a	antar 11211	n the :	appropriate box i	n column 1.				